**Location:** Chrysalis Center - Hartford, CT

**Date:** March 20, 2019 **Recorders:** Michael Nogelo, David Bechtel

**Start Time:** 9:38a.m. **End Time:** 2:00 p.m.

**Presiding Chairs:** Gina D’Angelo, Blaise Gilchrist, Barry Walters

**Attendance:** See last page for roster of CHPC members and public participants

**Meeting at a Glance**

* CHPC members voted to approve the February 2019 meeting summary without changes.
* CHPC committees met in the afternoon and reported on their progress to the full CHPC.
* Ms. Gina D’Angelo delivered a presentation on Connecticut’s Getting to Zero (G2Z) Campaign, and engaged participants in a follow-up discussion.

 **Call to Order and Co-Chair Announcements**

CHPC co-chair Mr. Blaise Gilchrist called to order the Connecticut HIV Planning Consortium (CHPC) at 9:38 a.m. The CHPC is a public health HIV/AIDS planning group with a goal to reduce the rate of new HIV infections and to connect people living with and affected by HIV/AIDS with appropriate services.

The Statewide Integrated HIV Prevention and Care Plan’s goals align with those of the National HIV/AIDS Strategy (NHAS) 2020: 1. Reduce new HIV infections; 2. Increase access to care and improve health outcomes for people living with HIV (PLWH); 3. Reduce HIV-related disparities and health inequities; and 4. Achieve a more coordinated response to the epidemic. The CHPC meets on the third Wednesday of the month, typically eight (8) times per year. Meetings are open to the public, including the media. Etiquette guidelines include being present, being prepared, being respectful, and being patient. Participants held a moment of silence to honor those loved and lost to HIV/AIDS (including former CHPC members Omar Morrison and Jeanne Nodine) and to recognize friends, family, and community members living with and affected by HIV/AIDS.

Mr. Gilchrist briefly reviewed co-chair announcements. CHPC members are expected to be present all day; leaving early counts as an absence. Members receive a warning after two (2) absences in a calendar year, and are administratively discharged after three (3) absences. Members vote on some items, such as meeting summaries. Committees make decisions by consensus. Participants should speak their truths during the meeting or on feedback forms. Finally, the CHPC Needs Assessment Projects (NAP) Team has an opening for Team leader. Mr. Gilchrist reviewed a timeline for applicants. He encouraged interested members to consider applying.

**Introductions**

CHPC participants introduced themselves by name and affiliation (town or organization), starting with CHPC members and continuing with all participants. See page eight (8) for a full list of participants.

**Vote – February 2019 Meeting Summary Approval**

CHPC co-chair Mr. Barry Walters explained that the CHPC keeps records of its monthly public planning meetings. He asked CHPC members to review the February 2019 meeting summary. Ms. Clara Langley motioned to approve the summary and Ms. Nilda Fernandez seconded the motion. No additions or corrections were suggested.

Mr. Walters closed discussion and asked CHPC members to vote by raise of hands. The CHPC voted to approve the summary without any changes:

* 24 CHPC members voted yes
* Zero (0) CHPC members voted no
* One (1) CHPC member abstained from voting

The motion carried to approve the February 2019 CHPC meeting summary without any changes.

**Comments & Announcements**

The CHPC reserves time at each meeting to listen to its members, partners, and guests. Mr. Walters asked CHPC members to share any announcements related to the HIV/AIDS community.

CHPC Members

* Ms. D’Angelo stated that the Connecticut Department of Public Health (CT DPH) has been waiting for the U.S. Centers for Disease Control & Prevention (CDC) to hold rapid test trainings in non-clinical settings. CT DPH has revamped this training by simplifying and improving it. They will require all staff who test for HIV to take the training, most likely in April or May. CT DPH will alert staff via email when details are finalized.
* Ms. D’Angelo shared on behalf of Ms. Marianne Buchelli and all of CT DPH that Ms. Pamela Foster will retire on Monday, April 1. She recognized Ms. Foster for her many contributions over the years, not only to CT DPH but also to the communities in which Ms. Foster worked.
* Ms. Andrea Lombard stated that Yale New Haven Hospital (YNHH) received a micro-elimination grant targeting individuals co-infected with HIV and Hepatitis C Virus (HCV) through the Health Resources and Services Administration (HRSA). The grant project will include three (3) HCV / HIV Disease Intervention Specialists (DIS).
* Ms. Nilda Fernandez stated that the CHPC Quality & Performance Measures (QPM) Team has been planning a Quality Summit for September 18, 2019. It will occur at the Chrysalis Center in Hartford from 10:00 a.m. to 3:00 p.m. The QPM Team is looking for summit presenters; she encouraged interested participants to approach her or Mr. David Bechtel. The summit theme is “Getting to Zero.” Depending on the budget, transportation may be provided for those who need it.
* Ms. Kat Auguste shared that Ms. Clara Langley is engaged to be married; participants applauded.
* Ms. Langley invited anyone interested to attend her wedding.
* Ms. Nadine Ruff shared that a new support group, called Aging Positively, will begin on Friday, March 22 at 2:30 p.m. at Cornell Scott Hill Health Center in New Haven. The group is for PLWH aged 50 or older.
* Mr. Dante Gennaro reminded participants to sign a visual release form if they have not yet done so. Mr. Gennaro takes pictures at meetings which may be used or shared in the future (if the subjects give consent). Those who do not want their picture taken should notify Mr. Gennaro or CHPC staff.
* Mr. Gennaro shared that Positive Prevention CT will hold a meeting on Monday, April 8 at 10:00 a.m. The meeting will occur at the Hartford Gay and Lesbian Health Collective (HGLHC). Anyone affiliated with a CT DPH-funded agency is encouraged to attend.
* Mr. Walters shared that Dining out for Life, an annual event hosted by A Place to Nourish your Health (APNH), will occur on Thursday, April 25. This year, participating restaurants include some outside of New Haven. A full list of participating restaurants can be found on the APNH website or at www.diningoutforlife.com. A portion of the proceeds goes to APNH.

Public Participants

* Mr. Angel Ruiz stated that Wednesday, April 10 is National Youth HIV/AIDS Awareness Day (NYHAAD). The Hartford Youth HIV Identification and Linkage (HYHIL) Consortium is looking for volunteers to share information with other young adults on NYHAAD. Interested participants should contact Mr. Ruiz.
* Mr. Miguel Gonzalez stated that the HGLHC is looking to recruit men who have sex with men (MSM) aged 18-35 to participate in its Empower CT support group. The group meets on the second and fourth Tuesday of each month.
* Ms. Susan Major said that she brought several HIV testing kits that are set to expire soon. She encouraged individuals who test for HIV to take them and use them before they expire.
* Ms. Major added that CT DPH is planning to release two (2) Requests for Proposals (RFPs) soon: one RFP supporting peer navigator interventions, and another RFP related to a pre-exposure prophylaxis (PrEP) Demonstration Project.
* Mr. Luis Irizarry shared that Community Renewal Team (CRT) is taking applications for medical case management (MCM) clients, and encouraged anyone with a client waiting list to refer those clients to CRT.

**Morning Presentation: Getting to Zero Campaign**

Each month, the CHPC offers a relevant presentation connected to HIV prevention and/or care efforts. This month, Ms. D’Angelo explained, she would share information about the statewide Getting to Zero (G2Z) Campaign and would seek input about how G2Z work may fit into CHPC work.

Ms. D’Angelo explained that “getting to zero” means moving toward ending the HIV epidemic. It was inspired by the Joint United Nations Programme on HIV/AIDS (UNAIDS) vision of Getting to Zero – a bold strategic plan announced in 2010. The goal is to achieve: zero (0) new HIV infections; zero (0) AIDS-related deaths; and zero (0) AIDS-related stigma & discrimination.

* Mr. Corey Gerena stated that eliminating stigma begins with the person living with the virus. PLWH must be comfortable with who they are in order to truly destigmatize HIV.
* Ms. D’Angelo acknowledged that there are multiple levels of stigma, including internal and external stigma. She agreed that PLWH should feel confident and comfortable with who they are, but noted that stigma is complicated. She noted the importance of safe spaces for PLWH to work toward feeling comfortable with their status.
* Ms. Ann Galloway Johnson referenced the Healthy Relationships evidence-based intervention (EBI). She said that some people who participate in Healthy Relationships learn to eliminate their own internal stigma, but others never do. It is a process.
* Mr. Gerena stated that his church has a safe space for these discussions, but many churches do not.
* Ms. Langley said that some people at her church are more accepting than others.

Ms. D’Angelo noted that several cities, counties, and states are developing similar plans to end the epidemic in their jurisdictions. The CDC has declared HIV a “winnable battle.”

Ms. D’Angelo reviewed the data, science, and tools supporting a goal to get to zero. She then reviewed a timeline. In 2016, CT DPH convened representatives from local health departments and other stakeholders representing affected communities. These meetings led to a Call to Action, and ultimately, to a G2Z Commission. Members were appointed by CT DPH Commissioner Dr. Raul Pino. The Commission worked for 18 months to conduct research, hold listening sessions, and produce a final report.

Ms. D’Angelo reminded CHPC participants of the focus populations (young MSM of color; Black Women; and transgender women) and the focus cities (Hartford, Bridgeport, New Haven, Waterbury, and Stamford). The focus populations represent individuals at high risk of contracting HIV, and the focus cities represent those with the highest HIV incidence in Connecticut.

* Mr. Gerena expressed his surprise and disappointment that, when he had a child, he encountered doctors without HIV knowledge.
* Ms. D’Angelo acknowledged that HIV almost became a medical specialty, and that many doctors do not feel that they are up-to-date on HIV knowledge. All primary care doctors should be familiar with PrEP.

Ms. D’Angelo summarized the findings that emerged from the listening sessions, including the need for non-traditional HIV testing sites; the need to empower people to reach behavior change; and the need for more prevention and anti-stigma messages related to PrEP and the Undetectable = Untransmittable (U=U) campaign.

* Ms. Idiana Velez emphasized the importance of targeting Spanish-speaking populations. She works with a high number of monolingual transgender women. Many of them have never heard of U=U.
* Ms. Fernandez stated that she struggled to translate the U=U campaign to a Spanish-speaking individual. The CDC reports an increase in HIV infection among young Latino MSM. She expressed concern is about whether or not young Latino MSM are being reached with clear and accurate messaging.
* Ms. D’Angelo stated that she has not seen any translation of the U=U campaign on a national level.
* Mr. Gennaro said that Positive Prevention CT creates statewide marketing campaigns. Currently, they are working on a campaign to launch in June that covers PrEP, U=U, and other topics.
* Mr. Walters stated that the Prevention Access website, www.preventionaccess.org, has information and videos on U=U that are translated into Spanish.

Ms. D’Angelo reviewed themes from the listening sessions, including the overarching theme that stigma is pervasive, and continues to be a great threat to eradicating HIV.

Ultimately, the G2Z report included six (6) recommendations:

1. Statewide G2Z Implementation Workgroup
2. G2Z Implementation Workgroups in Five Cities
3. PrEP and post-exposure prophylaxis (PEP) Education and Implementation
4. State-wide Multilevel HIV Education Campaign and Provider Capacity Building Training
5. Implementation of Routine HIV Testing
6. Implementation of Standardized Medical Care for People Living with HIV

Ms. D’Angelo stated that the routine testing recommendation will follow the CDC’s testing recommendations for all individuals aged 15-64.

Ms. D’Angelo walked participants through a virtual tour of the G2Z website, [www.gettingtozeroct.org](http://www.gettingtozeroct.org), which shares information about prevention, treatment, testing, and stigma. The website includes a YouTube video on the campaign, which was shared at a previous CHPC meeting. It also features several photographs taken by Mr. Gennaro.

Ms. D’Angelo explained that CT DPH owns the G2Z page, but providers can put a link to the site on their web pages. She reviewed the website, including a page that directs users to different testing sites. She clarified that the list does not include all testing sites across the state, but only those receiving CT DPH funds.

Ms. D’Angelo stated that some AIDS service organizations have taken the word “AIDS” out of their name, and have expanded their services to address their clients’ overall health and to make people more comfortable seeking services. Several organizations are adopting this “one-stop shopping” model.

* Mr. Gerena questioned whether changing an agency’s name or services to avoid mentioning HIV is stigmatizing. He stated that, in New Jersey, hospitals had services for all needs, and also had “the clinic” for people with sexually transmitted diseases (STDs). Everyone at the hospital saw those at “the clinic.”
* Ms. D’Angelo stated that adjusting provider names and services aims to change perceptions of the agency. Changing stigma is more about people’s attitudes than it is about provider sites.
* Mr. Walters shared that when APNH changed its name from AIDS Project New Haven to A Place to Nourish your Health, it was the result of a multi-year process with several discussions that included clients. Overwhelmingly, those involved in the process wanted to remove “AIDS” from the name. Mr. Walters acknowledged that perhaps the decision was driven by some internal stigma, but that it is the reality. APNH did take on new clients, including some HIV-negative clients, after changing their name. Their services have expanded to include recovery and behavioral health.
* Ms. Roberta Stewart explained that her agency, formerly known as AIDS Project Greater Danbury, was renamed APEX Community Care. It has expanded to include primary care, behavioral health, and substance use services. This gives the site discretionary money to pay for services for PLWH. She explained that when communities do a great job with prevention efforts, they end up losing money because funders instead allocate more resources to communities with higher HIV incidence rates.
* Mr. Gerena stated that Section 8, which supports individuals in need of housing, is flawed. There are often very long waiting lists, and if someone does finally get housing through Section 8, then they might get a job which renders them ineligible to receive the housing support. This may cause them to become homeless again.
* Ms. D’Angelo stated that assisstance programs are not designed to support people for their entire lives; they are designed to help support and empower people.
* Ms. Fernandez suggested having Mr. Gerena and Ms. Stewart present at the CHPC’s Quality Summit in September. She suggested a panel on best practices by agencies that have expanded their services.
* Ms. Ruff stated that she was once an intern for APNH, and she is now the founder and facilitator of an APNH transgender support group. Transgender individuals may not want to face greater stigma by visiting a service organization affiliated with HIV/AIDS. Changing the name of APNH encouraged more transgender people to receive their services.
* Ms. Langley referenced personal experience with housing services. She added that there are not enough housing supports for PLWH.
* Ms. D’Angelo noted that the housing shortage is not exclusive to PLWH.

**Follow-Up Discussion: Getting to Zero Campaign**

Ms. D’Angelo asked CHPC participants how G2Z work aligns with the CHPC mission and what the CHPC role should be in supporting G2Z implementation.

* Ms. Noemi Soto observed that the CHPC is a networking body. She envisioned a campaign about stigma emerging from the current discussion. She suggested that G2Z work be divided across sub-groups, but that CHPC serve as the “hub.”
* Ms. D’Angelo added that the CHPC has always served as a place for participants to learn information and share it with their respective communities.
* Mr. Gennaro suggested that the CHPC create a workgroup to focus on G2Z. This would “centralize” the conversation and take advantage of the CHPC’s existing schedule and community.
* Ms. D’Angelo acknowledged that adding a G2Z committee might disrupt the CHPC process, as participants might decide to leave the committees they usually attend to be involved in G2Z. She asked whether it might be better as a new committee meeting at the same time as the existing committees, or as a separate group meeting outside of CHPC hours. She added that the hypothetical workgroup must include people who do not currently participate in the CHPC, such as leaders from each of G2Z’s five (5) high-priority cities.
* Ms. Fernandez suggested an ad hoc G2Z committee that meets on the same day as the full CHPC.
* Ms. Galloway Johnson recommended bringing a support group to the CHPC to ensure that everyone is informed. She added that this engagement might help the CHPC reach its goals.
* Ms. D’Angelo acknowledged that a discussion around support groups has surfaced over the past few years. Ultimately, the CHPC is not charged with providing direct services. Furthermore, in the past, the CHPC offered a “pilot” support group that was not well-attended.
* Mr. Gerena stated that getting to zero means addressing clients’ internal stigma.
* Ms. Major stated that it makes sense logistically for the G2Z Campaign to meet at the CHPC, but that it is important to have the right people around the table.
* Mr. Walters recommended gaining consensus from the CHPC about exploring options.

Ms. D’Angelo asked whether participants supported a possible merge of, or partnership between, the CHPC and the G2Z work; participants confirmed their support of this general concept.

* Ms. Peta-Gaye Nembhard noted that a G2Z plan exists, which alleviates CHPC responsibility to create a plan. Instead, the CHPC could work with G2Z to align the work of the existing CHPC committees with the G2Z plan and priorities.
* Ms. D’Angelo said the CHPC committees could take on tasks to advance G2Z goals, but a separate group must exist to monitor G2Z activities statewide and locally.
* Ms. Soto suggested that the CHPC Membership and Awareness Committee (MAC) could conduct statewide monitoring and local G2Z groups could continue to complete their work at the city level.

Ms. D’Angelo thanked participants for their input and stated that these discussions would continue among CHPC leaders and participants.

**Lunch**

Participants broke for lunch at 12:00 noon.

**Committee Meetings**

Ms. D’Angelo said the group would move into committee meetings until approximately 1:45 p.m. The NAP Team, MAC, and the QPM Team met in their designated meeting spaces.

**Committee Report-Backs**

Mr. Walters asked committee co-chairs to provide brief oral reports about the committee meetings. (Full meeting summaries exist in separate documents.)

MAC (co-chair Mr. Stephen Feathers):

* Discussed the mid-year mentor and mentee check-in process.
* Identified strategies for finding needs assessment focus group participants.

Data and Assessment Committee (DAC) NAP Team (co-chair Mr. Walters):

* Narrowed down needs assessment focus group topics.
* Discussed potential needs assessment focus group questions.

DAC QPM Team (co-chair Ms. Fernandez):

* Ms. Sue Speers presented on trends in HIV risk factors.
* Mr. Mukhtar Mohammed presented on STD trends.
* Continued planning for the HIV Quality Summit in September.

**Other Business**

Mr. Walters asked if any CHPC participants had other business that they would like to address.

* Mr. Gerena suggested implementing a live-stream option for CHPC meetings so that individuals who cannot attend in person can remain informed and engaged.

**Adjournment**

Mr. Walters thanked participants for attending the CHPC meeting and reminded them to complete feedback forms before leaving. The next CHPC meeting will occur on April 17, 2019. The meeting adjourned at 2:00 p.m.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Member Attendance\*** | **1/16** | **2/20** | **3/20** | **4/17** | **5/15** | **6/19** | **7/17** | **8/21** |
| 1. Laura Aponte
 | **P** | **P** | **P** |  |  |  |  |  |
| 1. Kat Auguste
 | **P** | **P** | **P** |  |  |  |  |  |
| 1. Clifford Batson
 | **P** | **P** | **P** |  |  |  |  |  |
| 1. Susan Bouffard
 | **A** | **P** | **P** |  |  |  |  |  |
| 1. Thomas Butcher
 | **P** | **P** | **A** |  |  |  |  |  |
| 1. Angelique Croasdale-Mills
 | **P** | **P** | **A** |  |  |  |  |  |
| 1. Carmen Cruz
 | **P** | **P** | **P** |  |  |  |  |  |
| 1. Gina D’Angelo
 | **P** | **P** | **P** |  |  |  |  |  |
| 1. Stephen Feathers
 | **P** | **P** | **P** |  |  |  |  |  |
| 1. Nilda Fernandez
 | **A** | **P** | **P** |  |  |  |  |  |
| 1. Carl Ferris
 | **P** | **P** | **P** |  |  |  |  |  |
| 1. Jose Figueroa
 | **P** | **P** | **P** |  |  |  |  |  |
| 1. Ann Galloway Johnson
 | **A** | **A** | **P** |  |  |  |  |  |
| 1. Lauren Gau
 | **P** | **P** | **A** |  |  |  |  |  |
| 1. Dante Gennaro
 | **P** | **P** | **P** |  |  |  |  |  |
| 1. Blaise Gilchrist
 | **P** | **P** | **A** |  |  |  |  |  |
| 1. Ana Gonzalez
 | **P** | **P** | **A** |  |  |  |  |  |
| 1. Juan Gonzalez
 | **P** | **P** | **A** |  |  |  |  |  |
| 1. Dan Huang
 | **P** | **P** | **A** |  |  |  |  |  |
| 1. Clara Langley
 | **P** | **P** | **P** |  |  |  |  |  |
| 1. Ron Lee
 | **P** | **P** | **P** |  |  |  |  |  |
| 1. Andrea Lombard
 | **A** | **P** | **P** |  |  |  |  |  |
| 1. Luis Magana
 | **P** | **P** | **P** |  |  |  |  |  |
| 1. Angel Medina
 | **A** | **P** | **P** |  |  |  |  |  |
| 1. Waleska Mercado
 | **P** | **P** | **P** |  |  |  |  |  |
| 1. Nadine Ruff
 | **A** | **P** | **P** |  |  |  |  |  |
| 1. Ron Rouse
 | **A** | **A** | **A** |  |  |  |  |  |
| 1. Glenn Scott
 | **P** | **P** | **P** |  |  |  |  |  |
| 1. Jeffrey Snell
 | **P** | **P** | **P** |  |  |  |  |  |
| 1. Roberta Stewart
 | **P** | **P** | **P** |  |  |  |  |  |
| 1. Barry Walters
 | **P** | **P** | **P** |  |  |  |  |  |
| Total Present | **26** | **29** | **23** |  |  |  |  |  |
| \*Members who arrive after the first vote or leave before the end of the meeting are listed as absent. |

 **Public participants (49)**

Shakina Acevedo; Adriana Barrios; Samuel Bowen; Erick Carrion; Jim Cataquet; David Colbert; Reina Cordero; Tamara Corley; Daniel Davidson; Martina De la Cruz; Mildred Diaz; Dulce Dones-Mendez; Taylor Edelmann; Pam Foster; Corey Gerena Miguel Gonzalez; Debi Gosselin; Jane Grant; Cynthia Hall; Shanay Hall; Venesha Heron; Dan Hulton; Luis Irizarry; Clunie Jean-Baptiste; Leilanie Jiminez; Katie Laviero; Barbara Ligon; Healther Linardos; Debra Lombardo;

Scott Loprione; Maria Lorenzo; Sarah Macone; Sue Major; Erin Malgioglio; Tatiana Melendez; Mukhtar Mohammed; Consuelo Munoz; Peta-Gaye Nembhard; Hilary Norcia; Jackie Robertson; Rosie Rodriguez; Jovany Rolon; Hector Rosa; Angel Ruiz; Noemi Soto; Sue Speers; Pamela Studley; Danielle Warren-Dias; Idiana Velez